

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

*Daniel J. Broderick  
Federal Defender*


*Linda Harter  
Chief Assistant Defender*

November 7, 2008

Timothy Warriner  
Attorney at Law  
813 6<sup>th</sup>. St. #450  
Sacramento, CA 95814

**FILED**

NOV - 7 2008

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY   
DEPUTY CLERK

Re: **U.S. v. Grayson v. Carey**  
**CIV.S-03-01694**

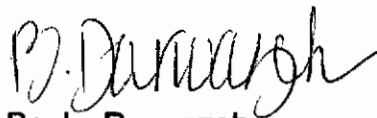
Dear Mr. Warriner:

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named petitioner. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Sincerely,



Becky Darwazeh  
CJA - Legal Secretary

:bd  
Enclosures

cc: Clerk's Office

<b>1. CIR./DIST./DIV. CODE</b> CAE		<b>2. PERSON REPRESENTED</b> Grayson,		<b>VOUCHER NUMBER</b>	
<b>3. MAG. DKT./DEF. NUMBER</b>		<b>4. DIST. DKT./DEF. NUMBER</b> 2:03-001694-001		<b>5. APPEALS DKT./DEF. NUMBER</b>	
<b>6. OTHER DKT. NUMBER</b>		<b>7. IN CASE/MATTER OF (Case Name)</b> Grayson v. Carey		<b>8. PAYMENT CATEGORY</b> Other	
<b>9. TYPE PERSON REPRESENTED</b> Remand		<b>10. REPRESENTATION TYPE (See instructions)</b> Other		<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section)</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense.	
<b>12. ATTORNEY'S NAME (First Name, M.L., Last Name, including any suffix) AND MAILING ADDRESS</b> WARRINER, TIMOTHY 813 6th Street Suite 450 SACRAMENTO CA 95814  Telephone Number: (916) 443-7141			<b>13. COURT ORDER</b> <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order: 10/26/2008      Name Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
			<b>14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)</b>		

CLAIM FOR SERVICES AND EXPENSES			FOR ADJUDICATION			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.  In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$ 100.00) TOTALS:					
16.  Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$ 100.00) TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

<b>19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE</b> FROM _____ TO _____		<b>20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</b>	<b>21. CASE DISPOSITION</b>
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<b>22. CLAIM STATUS</b> <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____    Date: _____	
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<b>23. IN COURT COMP.</b>	<b>24. OUT OF COURT COMP.</b>	<b>25. TRAVEL EXPENSES</b>	<b>26. OTHER EXPENSES</b>	<b>27. TOTAL AMT. APPR / CERT</b>
<b>28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</b>			<b>DATE</b>	<b>28a. JUDGE / MAG. JUDGE CODE</b>
<b>29. IN COURT COMP.</b>	<b>30. OUT OF COURT COMP.</b>	<b>31. TRAVEL EXPENSES</b>	<b>32. OTHER EXPENSES</b>	<b>33. TOTAL AMT. APPROVED</b>
<b>34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</b>			<b>DATE</b>	<b>34a. JUDGE CODE</b>